

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Henry Ford Health System Government Affairs Services PAC

ADDRESS (number and street) ▼

c/o Comerica Bank, PAC Services

3551 Hamlin Road, MC2250

☐ Check if different than previously reported. (ACC)

Auburn Hills

MI

48326

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00552141

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☒ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

07

01

2015

12

31

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer James M. Connelly

Signature of Treasurer

James M. Connelly

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

01

16

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Henry Ford Health System Government Affairs Services PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">17736.00</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">10736.00</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">17593.00</span>	<span style="border: 1px solid black; padding: 2px;">40593.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">28329.00</span>	<span style="border: 1px solid black; padding: 2px;">58329.00</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">8410.00</span>	<span style="border: 1px solid black; padding: 2px;">38410.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">19919.00</span>	<span style="border: 1px solid black; padding: 2px;">19919.00</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Henry Ford Health System Government Affairs Services PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		0	1		2	0	1	5		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		3	1		2	0	1	5		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	16743.00	38493.00
(ii) Unitemized .....	850.00	2100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	17593.00	40593.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	17593.00	40593.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	17593.00	40593.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17593.00	40593.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6200.00	10200.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	2210.00	28210.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8410.00	38410.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8410.00	38410.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	17593.00	40593.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17593.00	40593.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Henry Ford Health System Government Affairs Services PAC

Full Name (Last, First, Middle Initial)

**A. Betty Chu**

Mailing Address 233 Warrington Road

City State Zip Code  
 Bloomfield MI 48304

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Henry Ford Health System

Occupation  
 MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2015

Transaction ID : 1310394

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Margot C Lapointe**

Mailing Address 130 Tiffany Ln.

City State Zip Code  
 Royal Oak MI 48067

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Henry Ford Health System

Occupation  
 Research Scientist & VP for Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 08 2015

Transaction ID : 9300140

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. James P O'Connor**

Mailing Address 3237 Glen Iris Drive

City State Zip Code  
 Commerce Township MI 48382

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Henry Ford Health System

Occupation  
 VP Supply Chain Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 08 2015

Transaction ID : 9300141

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Henry Ford Health System Government Affairs Services PAC**

Full Name (Last, First, Middle Initial)

**A. Lynn Torossian**

Mailing Address 1910 Duck Lake Rd

City State Zip Code  
 Milford MI 48381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Henry Ford Health System

Occupation  
 Hospital President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 08 2015

**Transaction ID : 9300145**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Charles Kelly**

Mailing Address 1315 Pine Drive

City State Zip Code  
 Ortonville MI 48462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Henry Ford Health System

Occupation  
 CEO Henry Ford Physician Network

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 08 2015

**Transaction ID : 9324893**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Henry W. Lim**

Mailing Address 7 Elmsleigh Lane

City State Zip Code  
 Grosse Pointe MI 48230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Henry Ford Health System

Occupation  
 Chair, Dermatology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 08 2015

**Transaction ID : 9324894**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Henry Ford Health System Government Affairs Services PAC**

Full Name (Last, First, Middle Initial)

**A. Kathleen Yaremchuk**

Mailing Address 23575 Shagwood Dr

City

Franklin

State

MI

Zip Code

48025-3450

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

VP of Clinical Practice Performance

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	08	/	2015

**Transaction ID : 9324895**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Charles J Barone II**

Mailing Address 8228 Long Island Ct.

City

Fair Haven

State

MI

Zip Code

48023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

Chair Dept of Pediatrics

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2015

**Transaction ID : 9328674**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Paul A. Edwards MD**

Mailing Address 4260 Apple Valley Lane

City

West Bloomfield

State

MI

Zip Code

48323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2015

**Transaction ID : 9328675**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1300.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Henry Ford Health System Government Affairs Services PAC**

Full Name (Last, First, Middle Initial)

## **A. Nadia Haque**

Mailing Address 24495 Cavendish Ave E

City State Zip Code  
 Novi MI 48375

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

Dir Group Practice Improvement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 21 2015

**Transaction ID : 9328676**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Steven Kalkanis MD**

Mailing Address 528 Barrington Ct

City State Zip Code  
 Bloomfield Hills MI 48304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

Chair, Neurosurgery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 21 2015

**Transaction ID : 9328677**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Mani Menon MD**

Mailing Address 4783 W. Wickford

City State Zip Code  
 Bloomfield Hills MI 48302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

Chair Urology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 21 2015

**Transaction ID : 9328678**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Henry Ford Health System Government Affairs Services PAC**

Full Name (Last, First, Middle Initial)

**A. Julia S Swanson**

Mailing Address 835 Pine Hill Drive

City

Bloomfield Hills

State

MI

Zip Code

48304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

VP Performance Analytics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
07 / 21 / 2015

**Transaction ID : 9328680**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Meredith Phillips**

Mailing Address 447 Summerfield

City

Westland

State

MI

Zip Code

48185

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

Chief Info Privacy & Security Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY  
08 / 04 / 2015

**Transaction ID : 9346747**

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

**C. Manu Malhotra**

Mailing Address 458 Smith Avenue

City

Birmingham

State

MI

Zip Code

48009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

Assoc Chief Medical Officer HFH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
08 / 07 / 2015

**Transaction ID : 9365464**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**Henry Ford Health System Government Affairs Services PAC**

Full Name (Last, First, Middle Initial)

**A. T. Douglas Clark**

Mailing Address 4083 Charing Cross

City

Bloomfield Hills

State

MI

Zip Code

48304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Henry Ford Health Systems

Occupation

Vice Pres. HFHS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 15 / 2015

**Transaction ID : 9491500**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Paul M. Kolpasky**

Mailing Address 5196 Westmoreland Dr

City

Troy

State

MI

Zip Code

48085

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

Vice President/Corp Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.00

Date of Receipt

12 / 31 / 2015

**Transaction ID : PR129695320619**

Amount of Each Receipt this Period

693.00

P/R Deduction (\$56.60 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Noel Russell Baril**

Mailing Address P.O. Box 635

City

Douglas

State

MI

Zip Code

49406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

VP- Talent Select&Rewards

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 31 / 2015

**Transaction ID : PR129709020619**

Amount of Each Receipt this Period

600.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2293.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Henry Ford Health System Government Affairs Services PAC**

Full Name (Last, First, Middle Initial)

**A. Joseph E. Schmitt III**

Mailing Address 583 Lakeland

City State Zip Code  
 Grosse Pointe MI 48230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Henry Ford Health System

Occupation  
 Sr VP- Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2015

**Transaction ID : PR129787320619**

Amount of Each Receipt this Period

1000.00

P/R Deduction (\$1000.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Bruce T Adelman MD**

Mailing Address 4896 Woodcliff Hill Road North

City State Zip Code  
 West Bloomfield MI 48323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Henry Ford Health System

Occupation  
 Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2015

**Transaction ID : PR130712220619**

Amount of Each Receipt this Period

650.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Josephine Molle**

Mailing Address 6401 Lakeshore Dr

City State Zip Code  
 West Bloomfield MI 48322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Henry Ford Health System

Occupation  
 VP- IT Applications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2015

**Transaction ID : PR130985720619**

Amount of Each Receipt this Period

500.00

P/R Deduction (\$500.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 17

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Henry Ford Health System Government Affairs Services PAC**

Full Name (Last, First, Middle Initial)

**A. John T. Malloy**

Mailing Address 4840 Stoddard Drive

City	State	Zip Code
Troy	MI	48085

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

VP of IT Services Integration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

**Transaction ID : PR131039520619**

Amount of Each Receipt this Period

540.00

P/R Deduction (\$45.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ruth Fisher**

Mailing Address 5166 Springdale Ct

City	State	Zip Code
Clarkston	MI	48348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

VP-Heart &amp; Vascular Institute

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

**Transaction ID : PR131040120619**

Amount of Each Receipt this Period

600.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Paul Z. Szilagyi**

Mailing Address 1043 Oxford CT

City	State	Zip Code
Monroe	MI	48161

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

VP-Primary Care &amp; Medical Ctrs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

**Transaction ID : PR131040220619**

Amount of Each Receipt this Period

360.00

P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Henry Ford Health System Government Affairs Services PAC**

Full Name (Last, First, Middle Initial)

**A. Nancy M. Schlichting**

Mailing Address 1710 Orchard Lane

City

Bloomfield Hills

State

MI

Zip Code

48301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

Chief Executive Officer, HFHS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : PR75334920619**

Amount of Each Receipt this Period

2000.00

P/R Deduction (\$2000.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

16743.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Henry Ford Health System Government Affairs Services PAC**

Full Name (Last, First, Middle Initial)

**A. Mike Bishop For Congress**

Mailing Address PO Box 1148

City	State	Zip Code
Brighton	MI	48116

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Michael Bishop**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: MI	District: 08

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2015

**Transaction ID : 9422391**

Amount of Each Disbursement this Period

200.00
--------

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of 340B PAC**Mailing Address 1245 13th Street, NW  
#900

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Friends of 340B PAC**

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2015

**Transaction ID : 9443235**

Amount of Each Disbursement this Period

5000.00
---------

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Stabenow for U.S. Senate**

Mailing Address P.O. Box 4945

City	State	Zip Code
East Lansing	MI	48826

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Debbie Stabenow**

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: MI	District:

Disbursement For: 2018
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2015

**Transaction ID : 9511193**

Amount of Each Disbursement this Period

1000.00
---------

Direct Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6200.00
6200.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Henry Ford Health System Government Affairs Services PAC**

Full Name (Last, First, Middle Initial)

**A. CTE Brian Banks**

Mailing Address PO Box 36416

City	State	Zip Code
Grosse Pointe	MI	48236

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**MI Rep. Brian Banks**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2015

**Transaction ID : 9308501**

Amount of Each Disbursement this Period

250.00
--------

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Mike Kowall for State Senate**

Mailing Address 6789 Deer Hill Drive

City	State	Zip Code
Clarkston	MI	48346

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**MI Sen. Mike Kowall**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2015

**Transaction ID : 9422392**

Amount of Each Disbursement this Period

500.00
--------

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Moving Michigan Forward 2**Mailing Address 106 W. Allegan St.  
Ste. 200

City	State	Zip Code
Lansing	MI	48933

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2015

**Transaction ID : 9446653**

Amount of Each Disbursement this Period

300.00
--------

Direct Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1050.00



	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

# Henry Ford Health System Government Affairs Services PAC

Three 7-segment displays are shown, each with a different number of LEDs lit. The first display shows '10', the second shows '09', and the third shows '2015'. The displays are arranged horizontally and separated by slashes.

### Direct Contribution

The diagram shows a double-stranded DNA molecule. The top strand is a straight horizontal line with 10 vertical tick marks representing base pairs. The bottom strand is also horizontal but contains a loop. It starts with 4 tick marks, then has a loop that extends downwards and back to the right, adding 4 more tick marks, and finally ends with 2 tick marks. The total length of the bottom strand is 10 base pairs, matching the top strand.

State:  District:

State:  District:

1000.00

2050.00